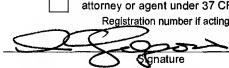


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 04266/100M275-US1																								
Application Number 10/768,953-Conf. #4561		Filed January 29, 2004																								
For TREATMENT OF NEUROMUSCULAR DYSFUNCTION OF THE LOWER URINARY TRACT WITH SELECTIVE MGLU5 ANTAGONISTS																										
Art Unit 1614		Examiner L. A. Royds																								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																										
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																										
<div style="display: flex; justify-content: space-around;"> <div style="text-align: left;"> <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"></th> <th style="text-align: left;"><u>Fee</u></th> <th style="text-align: left;"><u>Small Entity Fee</u></th> </tr> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$460</td> <td>\$230</td> </tr> <tr> <td><input checked="" type="checkbox"/> Third month (37 CFR 1.17(a)(3))</td> <td>\$1050</td> <td>\$525</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1640</td> <td>\$820</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2230</td> <td>\$1115</td> </tr> </table> </div> <div style="text-align: right;"> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">\$ 590.00</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> </tr> </table> </div> </div>					<u>Fee</u>	<u>Small Entity Fee</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	<input checked="" type="checkbox"/> Third month (37 CFR 1.17(a)(3))	\$1050	\$525	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____	\$ _____	\$ 590.00	\$ _____	\$ _____
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\$ _____																										
\$ _____																										
\$ 590.00																										
\$ _____																										
\$ _____																										
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																										
<input type="checkbox"/> A check in the amount of the fee is enclosed.																										
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																										
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																										
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.																										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																										
I am the <input type="checkbox"/> applicant/inventor.																										
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.																										
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																										
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,714</u>																										
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.																										
Registration number if acting under 37 CFR 1.34 _____																										
 _____ Signature		_____ December 14, 2007 Date																								
_____ Adda C. Gogoris Typed or printed name		_____ (212) 527-7727 Telephone Number																								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																										
<input type="checkbox"/> Total of <u>1</u> forms submitted.																										